

**Political Organization
Notice of Section 527 Status**

Part I General Information

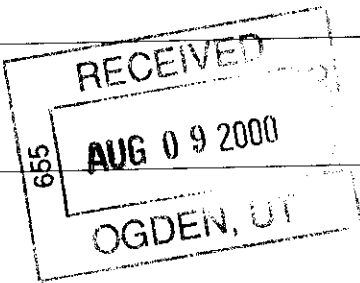
1 Name of organization Committee to Elect Angela Solomon Lane for State Representative, District 118		Employer identification number 65 1027301	
2 Mailing address (P.O. Box or number, street, and room or suite number) P O Box 570025			
City or town, state, and ZIP code Miami, FI 33157			
3 E-mail address of organization angela@angelalane2000.com			
4a Name of custodian of records Lorene Hunt, Treasurer		4b Custodian's address 14643 S.W. 104 Avenue Miami, Florida 33176-7716	
5a Name of contact person Angela Lane, Candidate		5b Contact person's address 14650 S.W. 104 Avenue Miami, Florida 33176-7716	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 9900 S.W. 168 Street			
City or town, state, and ZIP code Miami, Florida 33157			

Part II Purpose

7 Describe the purpose of the organization
Political campaign for State office

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



[illegible]

**Sign
Here**

Date _____

Form **8871** (7-2000)

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Angela D. Lane

2 Trade name of business (if different from name on line 1)
Angela Lane Campaign

3 Executor, trustee, "care of" name
Angela Lane

4a Mailing address (street address) (room, apt., or suite no.)
P O Box 570025

5a Business address (if different from address on lines 4a and 4b)
9900 S.W. 168 Street

4b City, state, and ZIP code
Miami, FL 33157

5b City, state, and ZIP code
Miami, FL 33157

6 County and state where principal business is located
Miami-Dade County

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Angela D. Lane 262-19-5130

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)
☐ Partnership
☐ REMIC
☐ State/local government
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ►
☒ Other (specify) ► **Campaign for State Representative**

☐ Estate (SSN of decedent)
☐ Plan administrator (SSN)
☐ Other corporation (specify) ►
☐ Trust
☐ Federal government/military
(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ►
☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☒ Other (specify) ► **Candidate**

10 Date business started or acquired (month, day, year) (see instructions)
May 13, 2000

11 Closing month of accounting year (see instructions)
November 2000

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** **0**

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-.** (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► **Political Campaign for State Office**

☐ Yes ☒ No

15 Is the principal business activity manufacturing?

☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☒ Other (specify) ► **No Sales**

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **Angela Lane, Candidate**

Signature ► **Angela D. Lane** Date ► **7/31/00**

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying

Business telephone number (include area code)
(305) 254-3489

Fax telephone number (include area code)
(305) 254-3490

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 4 2000)